


Proprietary School Application

State of Louisiana
Board of Regents
 Division of Planning, Research &
 Performance
 Proprietary Schools
 P.O. Box 3677
 Baton Rouge, LA 70821-3677

Please Check One:

- ☐ Initial
☐ Renewal
☐ New/Amended Program
☐ Change of Ownership
☐ Change of Address
☐ Change of School Name

PLEASE TYPE OR PRINT

Section A

Date: ____/____/____

 Name of Institution *(If more than one location, a separate application must be submitted as each school or branch must be separately licensed and bonded.)*

Street Address	City	State	Zip
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Mailing Address <i>(If different from above)</i>	City	State/Zip	Phone Number	Fax Number
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Contact Person

Last	First	M.I.	Title
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E-mail Address	Institutional Web Address
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Method of Instruction *(Check all that apply)*

- ☐ Classroom Instruction
☐ Correspondence Instruction
☐ Electronic Instruction *(i.e., Compressed Video, Internet)*
☐ Other _____

Accreditation

Accrediting Agency _____

Date of Accreditation _____

Legal Structure *(Check one)*

- ☐ Individually Owned
☐ Partnership
☐ LLC

☐ Corporation
☐ Other _____

Classification of School *(If more than one, please check primary area of instruction.)*

- ☐ Art Instruction and Floral Design ☐ Automotive ☐ Bartending
☐ Business Administration and Related ☐ Commercial Truck Driving
☐ Culinary Arts ☐ Gaming ☐ Health Services ☐ Industrial Services
☐ IT/Applications ☐ Legal Services ☐ Marine Services ☐ Tax Preparation
☐ Test Preparation ☐ Other _____

Note: If a corporation, Date of Incorporation _____ Charter Number _____
 State of Incorporation _____

List all owners/stockholders of the school holding at least 25% ownership	% owned	Contact Address and Phone Number <i>(other than school address and phone number)</i>

Section B *(Instruction)*

List Title of Each Program of Instruction Offered	Max. Class Size	# of Program Hours Indicate one of the following: Clock/Quarter/Semester	Student/Instructor Ratio	Total Cost to Student	Level of Award Certificate/Diploma/Degree

*(Attach additional sheets if necessary)***Section C** *(Instructional Staff)*

Instructor's Name <i>(Last, First, Middle Initial)</i>	Highest Education Completed H.S., Some College, College Degree <i>(Specify level & discipline)</i>	Years of Work Experience <i>(In area taught)</i>

(Attach additional sheets if necessary)